

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5089</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Pauline</u> <u>B</u> <u>Tamblyn</u>  P.O. Box, Bldg., Room No., if any <u>PO Box 298</u>  Street _____  City <u>Mercer Island</u>  State <u>Washington</u> ZIP Code + 4 <u>98040</u>	4. Name, file number, and address of labor organization. Name <u>SPEEA, IFPTE local 2001</u>  Labor Organization File Number <u>043-598</u>  P.O. Box, Building and Room Number, if any _____  Street <u>15205 52nd Avenue S</u>  City <u>Tukwila</u>  State <u>Washington</u> ZIP Code + 4 <u>98188-2336</u>
5. Position in labor organization. <u>Comptroller</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

6/29/2005

Date

(206) 650 6860

Telephone Number

Name of Person Filing Pauline Tamblyn

File Number U-

3619

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Your Right Hand Man, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 298

Street

City Mercer Island

State Washington

ZIP Code + 4 98040

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Handiman work around SPEEA HQ offices

## 11.b. Approximate dollar value of such dealing.

\$533

## 12.a. Nature of interest held or income received.

Kasy Schlick, husband of Pauline Tamblyn (SPEEA employee) owns 100% of Your Right Hand Man, Inc.

## 12.b. Amount.

\$533

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.